

ALI MOHAMMAD ALI YOUSUF ZAHEDI, 784-2012-7197684-3 [\(i\)](#)

Effective from : 01-Mar-2025 to 28-Feb-2026
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000315349276
Request Date: 25-Jul-2025 17:01:40



Eligible

Premium Network [Applicable Tariff:
Comprehensive Network]

Copayment : 10%

- > Referral required **No referral required for specialist consultation**
- > Work Injury : Covered
- > Road and Traffic Accident: Covered

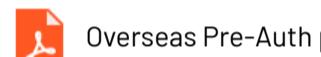
Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Chronic Drugs, Endodontics Treatment, Periodontics Treatment, Preventive Treatment, Routine Dental

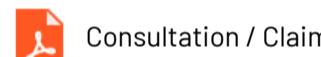
Attachments



Pre-Auth protocols



Overseas Pre-Auth protocols



Consultation / Claim Form



Prescription Form

[Ask for Authorization](#)[Referral Document](#)